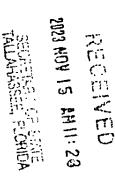
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(Reque	estor's Name)	
(Addre	ss)	
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PICK-UP	MAIT	MAIL
(Busin	ess Entity Nai	me)
(Docur	ment Number)	
Certified Copies	Certificate	s of Status
Special Instructions to Filin	ng Officer:	

Office Use Only



100418428311



Loie

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 11/15/2023	_		**WALK IN**
ENTITY NAME LDT A	viation, LLC		
DOCUMENT NUMBER			
	PLEASE FILE THE	ATTACHED AND RETURN	/
XXXXXXXX	Plain Copy		
_	Certified Copy		
	Certificate of Status		
,	**PLEASE OBTAIN THE FO	LLOWING FOR THE ABOVE	ENTTTY**
	Certified Copy of Arts	& Amendments	
	Certificate of Good Stan	ting	
	APOSTILLE' / NO	OTARIAL CERTIFICATION	V
COUNTRY OF DESTINA	AT10N		
NUMBER OF CERTIFIC	ATES REQUESTED		
TOTAL OWED \$150		ACCOUNT #:	120160000072
		-5. K	THO STATE
Places sall Time at	the chang number for a	ny issues or concerns.	•

COVER LETTER

TO:	New Filing S Division of C				
SHRJ	ECT: LDT Avi	ation, LLC			
		(Name of Re	sulting Florida Limit	ed Con	npany)
					nd fees are submitted to convert an "Othe ecordance with s. 605.1045, F.S.
Please	return all corr	respondence concernin	g this matter to:		
Giselle	e Del Amo				
		(Contact Person)			
Zumpa	ano Castro, PLL	С			
		(Firm/Company)			
500 S.	Dixie Highway	Suite 302			
		(Address)	- ·	•	
Coral	Gables, Florida	33146			
	(City, State and Zip Code)			
giselle	.ortizdelamo@z	umpanocastro.com			
E-n	iail Address: (to b	oe used for future annual re	port notifications)		
For fu	rther informati	on concerning this ma	tter, please call:		
Giselle	Del Amo		at (305	503-2	2990
	(Name of Conta	act Person)	(Area Code)	(Day	time Telephone Number)
		for the following amou a bank located in the		rocess	sed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles nization)	☐\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status
	Mailing Add New Filing S				t Address: Filing Section
	Division of C				ion of Corporations
	P.O. Box 632				Centre of Tallahassee
	Tatlahassee, I	FL 32314		24151	N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Conversion For "Other Business Entity" Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: LDT AVIATION, INC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
10/26/2023 On
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
LDT Aviation, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after he date this document is filed by the Florida Department of State.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the locument's effective date on the Department of State's records.
5. The plan of conversion has been approved in accordance with all applicable statutes.
5. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed th	is <u>14</u>	day of November		20
				ited Liability Company:
Signature	of Authorize	ed Representative:	June	C. (Auto Fille: Secretary
Printed N	ame: Juan Cai	rlos Canto		Title: Secretary
				[See below for required signature(s)]
Signature	Juan	L. Lanto		Title: S/T
Printed N	ame: Juan Car	los Canto		Title: S/T
	Carlos	Lalerson		
Printed N	ame: <u>Carlos L</u>	ahrssen		Title: President
.				
Signature:				Title:
THREE IN	ame			
Signature	·			
Printed Na	ame:			Title:
·				
Signature: Printed No	:			Title:
T THREE IN	anic	······································		
Signature:	·			
Printed Na	ame:			
Signature		n: Vice Chairman, Direc have not been selected		
	General Pa of one Gener	rtnership or Limited al Partner.	<u>Liabilit</u>	ity Partnership:
		rtnership or Limited heral Partners.	<u>Liabilit</u>	ty Limited Partnership:
All others Signature	s: of an authoriz	zed person.		
Fees:				
Αı	rticles of Cor	iversion:		\$25.00
Fe	es for Florid	a Articles of Organiza	ation:	\$125.00
Co	ertified Copy	:		\$30.00 (Optional)
Co	ertificate of S	tatus:		\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company	is:
LDT Aviation, LLC (Must contain the words "Limited Lial	hility Company "L.L.C." or "L.L.C.")
ARTICLE II - Address:	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2121 Ponce de Leon Blvd. Suite 610 Coral Gables, Florida 33134	2121 Ponce de Leon Blvd. Suite 610 Coral Gables, Florida 33134
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of the	ne registered agent are:
Z C R SERVICES, INC. Na	ame
500 S. Dixie Highway, Suite Florida street address (F	e 302 P.O. Box <u>NOT</u> acceptable)
Coral Gables	PL 33146
City	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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The name and address of each person authorized to manage and control the Limited Liability Company:

	Name and Address:
"AMBR" – Authorized Member	
"MGR" = Manager	
MGR	Juan Carlos Canto
	2121 Ponce de Leon Blvd., Suite 610
	Coral Gables, FL 33134
MGR	Carlos Lahrssen
	2121 Ponce de Leon Blvd., Suite 610
	Coral Gables, FL 33134
(Use attachment if necessary)	
(Use attachment if necessary)	
•	
(Use attachment if necessary) LE V: Other provisions, if any.	
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LE V: Other provisions, if any.	
LE V: Other provisions, if any. REQUIRED SIGNATURE:	
LE V: Other provisions, if any.	
LE V: Other provisions, if any. REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Juan L. Lando Signature of a member or a This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, 1 am aware to the Department of State constitutes a third degree fel
REQUIRED SIGNATURE: Juan L. Caulo Signature of a member or a This document is executed in accordance any false information submitted in a document provided for in s.817.155. F.S. Juan Carlos Canto	with section 605.0203 (1) (b). Florida Statutes, I am aware to the Department of State constitutes a third degree fel
Signature of a member or a This document is executed in accordance any false information submitted in a document provided for in s.817.155. F.S. Juan Carlos Canto	with section 605.0203 (1) (b), Florida Statutes, I am aware t

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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